

## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2010 thru 6/30/2013.

Employer: Moorestown School District

County: Burlington

Date: 5/29/2012

Name: Lynn E. Shugars

Print Name

Title: Business Administrator

  
Signature

**SUMMARY FORM****COLLECTIVE BARGAINING AGREEMENT**  
**PUBLIC SECTOR / NON-POLICE & NON-FIRE****Section I: Agreement Details**

Public Employer: Moorestown Public School District County: Burlington  
 Employee Organization: Moorestown Education Association Employees in Unit: 500  
 Base Year Contract Term: 7/1/2007 6/30/2010 New Contract Term 7/1/2010 6/30/2012  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	Column B <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
<b>Section II: Economic</b>			
Item 1 .....	Salary	\$31,186,208	\$29,016,528
Item 2 .....	Increment		\$307,973
Item 3 .....	Longevity		\$6,000
Item 4 .....	Nonrecurring off guide pymt.		\$202,500
Item 5 .....			
Item 6 .....			
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items list on separate sheet	Additional Items		
<b>Section III: Totals</b> - Sum of costs in each column		\$31,186,208 (Total)	\$29,533,001 (Total)

**Section IV: Analysis of new successor agreement****NEW AGREEMENT ANALYSIS**Total Base Year(previous agreement) \$31,186,208

<u>Effective Date (m/d/yyyy)</u>	<u>7/1/2010</u>	<u>7/1/2011</u>	<u>7/1/2012</u>			
Percent Increase .....	1.78	2.76	2.75			
Total cost of increase ..	\$516,473	\$808,190	\$827,293			
Total base salary (successor agreement) .....	\$29,016,528	\$29,324,502	\$30,132,692			

**Section V: Impact of Settlement - average annual increase over term of agreement**Percentage Impact (average per year over term of agreement) 2.43Dollar Impact (average per year over term of agreement) \$717,319.00**Section VI**Health Insurance (Indicate costs associated on each line)

	<u>Base Year</u>	<u>Year 1</u>		
Cost of Health Plan .....	\$7,330,730	\$8,063,803	\$8,870,183	\$9,757,201
Employee Contributions .....	\$0	\$450,000	\$700,000	\$950,000
Prescription .....	\$0	\$0	\$0	\$0
Dental .....	\$603,580	\$603,580	\$603,580	\$633,760
Vision .....	\$50,000	\$50,000	\$50,000	\$50,000

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.**Section VII**

Prepared by:

Lynn E. Shugars

Title: Business Administrator

Print Name

Lynn E. Shugars

Signature

Date: 5/29/2012